

ISSUE STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | SR | 897 | 05-25-01 |
| RESPONSE FORMALITY REVIEW | MF | 832 | 02-18-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | |
| 2 | ✓ | ✓ | |
| 3 | ✓ | ✓ | |
| 4 | ✓ | ✓ | |
| 5 | ✓ | ✓ | |
| 6 | ✓ | ✓ | |
| 7 | ✓ | ✓ | |
| 8 | ✓ | ✓ | |
| 9 | ✓ | ✓ | |
| 10 | ✓ | ✓ | |
| 11 | ✓ | ✓ | |
| 12 | ✓ | ✓ | |
| 13 | ✓ | ✓ | |
| 14 | ✓ | ✓ | |
| 15 | ✓ | ✓ | |
| 16 | ✓ | ✓ | |
| 17 | ✓ | ✓ | |
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| 47 | ✓ | ✓ | |
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| 49 | ✓ | ✓ | |
| 50 | ✓ | ✓ | |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51 | ✓ | ✓ | |
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| 99 | ✓ | ✓ | |
| 100 | ✓ | ✓ | |

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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